



VITAL SIGNS

6-2-04

FY04
Patient Data is
through
April 30,
2004

VA PITTSBURGH HEALTHCARE SYSTEM

Michael E. Moreland, Director

Inpatients Treated

FY00 — 8,176
FY01 — 8,086
FY02 — 8,451
FY03 — 8,609
FY04 — 5,019

Outpatient Visits

	DOM
FY00 — 373,596	587
FY01 — 404,903	554
FY02 — 408,678	570
FY03 — 434,243	535
FY04 — 262,737	361

Unique Patients

FY00—45,501	Cost = \$4,970
FY01—49,085	Cost = \$5,018
FY02—53,642	Cost = \$4,947
FY03—52,990	Cost = \$5,402
FY04—47,818	Cost = \$4,123

VOLUNTEERS AT VAPHS—FY04 to date (Qtr 2)

Actively Scheduled Volunteers
6,503

Occasional Volunteers
7,932

Total Volunteer Hours
73,629

Donations
\$322,163

QUALITY PERFORMANCE

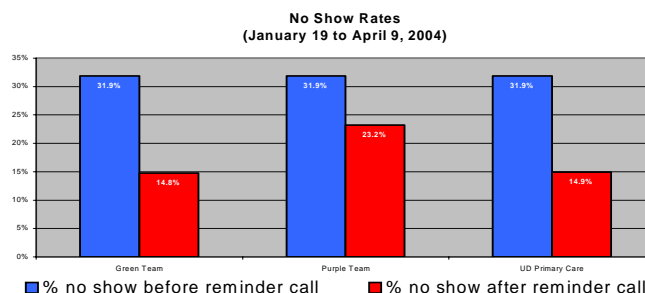
FY 00 = 71%
FY 01 = Exceptional!
FY 02 = Fully Successful or Better!
FY 03 = Fully Successful or Better!
FY 04 = Exceptional in 3 areas!

Understand:

- “No-shows” waste valuable Primary Care Clinic resources.
- VA goal = less than 10% in all Primary Care Clinics.
- VAPHS rate = 10.8%

Analyze:

No show rates before and after the intervention are shown below.



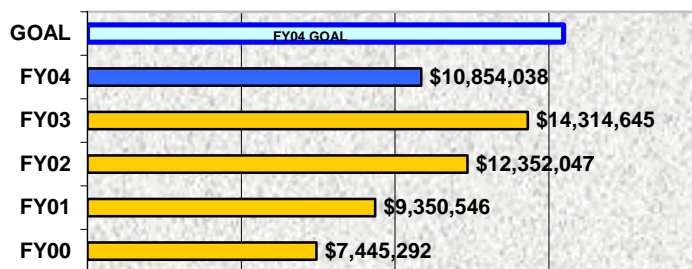
Improve:

- IRM prepared fileman program to generate lists of patients who:
 1. had an upcoming scheduled appointment in Primary Care
 2. had “no-showed” for a visit in the preceding 12 months
- Clinic Team clerks were responsible for contacting patients on the list.

To improve no show rates, a subgroup of patients who no showed in the past can be targeted successfully for personal reminder calls to enhance appointment compliance. Veterans who normally are compliant need not be contacted by phone.

Congratulations Primary Care Teams and
Information Management for
improving VAPHS No-Show Rates!

Total Collections (FY04 updated weekly)



JCAHO STATUS

Did you know.....

that JCAHO surveyors will now use the “Tracer Process” to evaluate care at the VAPHS?

that surveyors will track the care of a patient through his entire hospitalization or visit?

that the surveyor will only speak with staff who actually provide the care?

that the surveyors’ questions may focus on treatment goals, pain management, discharge planning and the patient safety goals?

2004 JCAHO PATIENT SAFETY GOALS



REMEMBER THESE GOALS!

- 1**
Improve Patient Identification
- 2**
Improve Communication Between Providers
- 3**
Improve Safety of High Alert Meds
- 4**
Stop Wrong-Site; Wrong-Procedure Surgery
- 5**
Improve Safety of Infusion pumps
- 6**
Improve Effectiveness of Clinical Alarms
- 7**
Reduce the Risk of Hospital-Acquired Infections



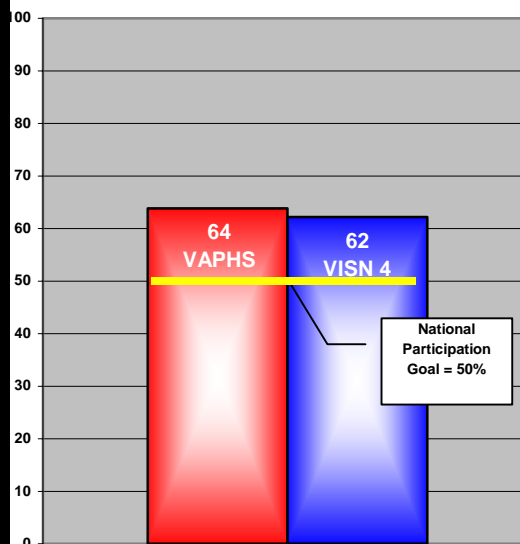
JCAHO Patient Safety Goal #2 Improve Communication Among Caregivers

**STOP
DO NOT USE THESE!**

AU	cc
DC or D/C	HCTZ
SC	Sub q

Abbreviations with periods between letters.

See MCM IM-003
for more specific instruction
regarding abbreviations!



CONGRATULATIONS VAPHS STAFF!

Your participation in the All-Employee Survey helped VISN 4 reach the 3rd highest level of VA participation nationwide!

Results from this survey will be shared sometime this summer and will help to ensure even a better place to work!

Thanks for participating!

Technical Quality Presentations (TQP)

Submitted to VISN 4 as Best Practice:

January 2004

Behavioral Health—Hepatitis C

February 2004

Geriatrics & Extended Healthcare—
Preventing Nosocomial Pressure Ulcers

March 2004

Business Service Center
Incomplete Encounter Forms

April 2004

Primary Care—Immunizations

May 2004

Primary Care—No-Shows

**TQP's due to
Q&PS the 10th
workday of the
assigned month!**

MCM's Recently Placed on Docushare:

IM-029 Document Scanning
IM-030 Release of Information
LD-011 Government Purchase Card Program
LD-013 Guidelines for Billing AARP Services
LD-017 Delinquent Obligations
LD-019 Antideficiency Act
TX-011 Potential Drug-food, Drug-Nutrient, Drug-Herbal Interaction
TX-042 Emergent Care Center
TX-070 Physical Medicine & Rehabilitation Program
TX-083 Inter-Facility Transfers

READ THEM....KNOW THEM... SHARE THEM...